PTO/SB/01 (03-01)
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DECLARATION FOR UTILITY OR DESIGN				Attorney Docket Number NT1-024					
				First Named Inventor		Fang-Cheng Chang			
PATENT APPLICATION			COMPLETE IF KNOWN						
(37 CFR 1.63)				Application Number		Filed Herewith			
Declaration Submitted	Declarati	on d after Initial	Filing D	ate	File	ed Herewith			
with Initial	Filing (su	rcharge	Group A	Group Art Unit		unknown			
Filing	(37 CFR 1.16(e)) required)		Examin	Examiner Name		unknown			
As a below named Invent	or, I hereby decla	re that:							
My residence, mailing add	dress, and citizens	ship are as stat	ted below n	ext to my name.					
I believe I am the original names are listed below) or	i, first and sole in f the subject matt	ventor (if only o er which is clai	one name i med and fo	s listed below) or which a patent	r an original, is sought on	first and joint inve the invention entit	entor (if plural led:		
"System	and Method	For Ident	ifving D	ummy Feat	ures On .	A Mask Lay	er''		
System P	Mu Memou		itle of the In						
the specification of which		(11	itie of the in	vention)					
is attached hereto									
OR was filed on (MM/	DD/YYYY)			as United S	States Applica	ation Number or P	CT Internationa		
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Application Number	and was amend			(if applical	•				
I hereby state that I have	reviewed and u	nderstand the	contents of	of the above ide	entified speci	fication, including	the claims, as		
amended by any amendme I acknowledge the duty to d	nt specifically refe	erred to above.	terial to nat	entahility as defi	ned in 37 CF	R 1.56. includina	for continuation		
in-part applications, materia	al information whi	ch became av	ailable betv	ween the filing d	ate of the pri	or application and	I the national o		
PCT international filing date	of the continuation	on-in-part appli	cation.						
I hereby claim foreign priori	ity benefits under	35 U.S.C. 119	(a)-(d) or 36	65(b) of any fore	ign applicatio	n(s) for patent, inv	entor's or plan		
breeders rights certificate(s	s) or 365(a) of a	nv PCT intern	ational app	lication which d	esignated at	least one country	other than the		
United States of America, inventor's or plant breeder	listed below and 's certificate(s) o	i nave also lo ranv PCT inte	entified be ernational a	now, by checking polication having	g the box, a	before that of the	e application of		
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Prior Foreign Application		Foreign F			Priority Not Claimed		oy Attached? NO		
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☐ Additional foreign appli	L cation numbers a	re listed on a si	upplementa		eet PTO/SB/)2B attached here			
I hereby claim the benefit u	inder 35 U.S.C. 1	19(h) of any Ur	nited States	provisional appl	ication(s) liste	ed below.			
Application Number		Filing Da	te (MM/DD	/YYYY)					
N/A						Additional provisional application			
					numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.				
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[Page 1 of 2]

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Sunnyvale

State

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. **DECLARATION** — Utility or Design Patent Application I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of the application is not designated in the prior United States or PCT international application in the manner provided by the first paragraph of 31 U.S.C. 112. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. **Parent Patent Number Parent Filing Date** U.S. Parent Application or PCT Parent Number (MM/DD/YYYY) (if applicable) N/A Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/028 attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number 29477 Number Bar Code Label here OR Registered practitioner(s) name/registration number listed below Registration Registration Number Name Number Name Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: Customer Number OR Correspondence address below 29477 or Bar Code Label Name Address State ZIP City Telephone +1 (408) 451-5907 Fax +1 (408) 451-5908 Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. A petition has been filed for this unsigned inventor Name of Sole or First Inventor: Family Name or Surname Given Name (first and middle (if any Chang Fang-Cheng %/27/01 Date Inventor's Signature US Citizenship US Country Residence: City Sunnyvale State 1361 Yukon Terrace **Mailing Address**

CA Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto:

ZIP

94087

Country

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

Name of Additional Joint Inventor, if any:			☐ A petition has been filed for this unsigned inventor								
Given Name (first and middle (if any)				Family Name or Surname							
Christophe				Pierrat							
Inventor's Signature		4	١	P			Date 8/24/0)				
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Name of Additional	lame of Additional Joint Inventor, if any:							ed inventor			
Given Name (first and middle (if any)				Family Name or Surname							
Inventor's Signature							Date				
City		State			Country	US	Citizenship				
Mailing Address											
City		State			ZIP		Country	US			
Name of Additional Joint Inventor, if any:						d inventor					
Given Name (first and middle (if any)			Family Name or Surname								
Inventor's Signature							Date	,			
City		State	Country US Citizensh		Citizenship						
Mailing Address											
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